CLAIMS ONLY

Application Number	Filing Date
10/691003	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
~~6~~		~~1~~				
~~7~~		~~1~~				
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
~~13~~		~~1~~		~~1~~		
14		1		1		
~~15~~	~~1~~					
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21				1		
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50						
Total Indep	4		2			
Total Depend	16		18			
Total Claims	20		20			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						